

Senate Study Bill 1147 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON SEGEBART)

A BILL FOR

- 1 An Act relating to stroke care quality improvement.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. **147A.30 Definitions.**

2 As used in this subchapter, unless the context otherwise
3 requires:

4 1. *"Department"* means the department of public health.

5 2. *"Emergency medical services"* or *"EMS"* means as defined
6 in section 147A.1.

7 3. *"Emergency medical services medical director"* means as
8 defined in section 147A.1.

9 Sec. 2. NEW SECTION. **147A.31 Designations — level of care**
10 **relating to stroke.**

11 1. The department shall specify by rules adopted pursuant
12 to chapter 17A, the criteria for designation of a hospital as
13 a comprehensive stroke center, a primary stroke center, or an
14 acute stroke-ready hospital. A hospital seeking a designation
15 shall apply to the department for such designation, and if the
16 department determines that the hospital meets the applicable
17 criteria for the requested designation, the department shall
18 certify the hospital accordingly.

19 2. The department shall recognize, in lieu of the
20 criteria established by the department, accreditation by
21 the American heart association, the joint commission on the
22 accreditation of health care organizations, or other nationally
23 recognized organization that provides such accreditation, for
24 certification of a hospital as a comprehensive stroke center,
25 a primary stroke center, or an acute stroke-ready hospital,
26 as applicable, if the hospital is in good standing with and
27 maintains certification through such national organization.

28 3. The department may suspend or revoke a hospital's
29 certification as a comprehensive stroke center, primary stroke
30 center, or acute stroke-ready hospital, after notice and
31 hearing, if the department determines that the hospital is not
32 in compliance with the requirements of this section or the
33 rules adopted under this section.

34 4. Comprehensive stroke centers and primary stroke centers
35 are encouraged to coordinate efforts, through coordinated

1 stroke care agreements with acute stroke-ready hospitals
2 throughout the state, to provide appropriate access to care for
3 acute stroke patients. The coordinating stroke care agreement
4 shall be in writing and shall include, at a minimum, all of the
5 following:

6 a. Transfer agreements for the transport of a stroke patient
7 from an acute stroke-ready hospital to a comprehensive stroke
8 center or primary stroke center for the purpose of stroke
9 treatment therapies which the acute stroke-ready hospital is
10 not capable of providing.

11 b. Communication criteria and protocols with the acute
12 stroke-ready hospital.

13 Sec. 3. NEW SECTION. **147A.32 Stroke triage assessment**

14 1. By January 15, annually, the department shall forward the
15 current list of the designated comprehensive stroke centers,
16 primary stroke centers, and acute stroke-ready hospitals,
17 to the medical director of each licensed emergency medical
18 services provider in the state. The department shall maintain
19 a copy of the list in the bureau of emergency and trauma
20 services within the department and shall post the list on the
21 department's internet site.

22 2. The department shall specify by rules adopted pursuant to
23 chapter 17A a nationally recognized standardized sample stroke
24 triage assessment tool. The department shall distribute the
25 sample stroke triage assessment tool to each licensed emergency
26 medical services provider and shall post the tool on the
27 department's internet site. Each licensed emergency medical
28 services provider shall use the sample stroke triage assessment
29 tool adopted by rules of the department or, alternatively, a
30 stroke triage assessment tool that is substantially similar to
31 the sample stroke triage assessment tool as part of the state
32 stroke triage process.

33 3. All licensed emergency medical services providers in the
34 state shall establish prehospital care protocols related to
35 the assessment, treatment, and transport of stroke patients by

1 licensed emergency medical services providers. Such protocols
2 shall include the development and implementation of plans
3 for the triage and transport of acute stroke patients to the
4 closest comprehensive stroke center, primary stroke center, or,
5 when appropriate, to an acute stroke-ready hospital, within a
6 specified time relative to the onset of a patient's symptoms.

7 4. All licensed emergency medical services providers
8 in the state shall establish, as part of current training
9 requirements, protocols to assure that licensed emergency
10 medical services providers and 911 dispatch personnel receive
11 regular training on the assessment and treatment of stroke
12 patients.

13 5. All data reported under this section shall be made
14 available to the department and to any other agency that
15 has responsibility for the management and administration of
16 emergency medical services throughout the state.

17 6. This section shall not be construed to require disclosure
18 of any confidential information or other data in violation of
19 the federal Health Insurance Portability and Accountability Act
20 of 1996, Pub. L. No. 104-191.

21 **Sec. 4. NEW SECTION. 147A.33 Continuous quality improvement**
22 **for persons with stroke.**

23 1. The department shall establish and implement a plan for
24 achieving continuous quality improvement in the care provided
25 under a statewide system for stroke response and treatment.
26 In implementing the plan, the department shall do all of the
27 following:

28 a. Maintain a statewide stroke database that compiles
29 information and statistics on stroke care that align with
30 the stroke consensus metrics developed and approved by the
31 American heart association and the American stroke association.
32 The department shall utilize the "get with the guidelines -
33 stroke" or another nationally recognized data set platform with
34 confidentiality standards no less secure than those utilized
35 by the department for the statewide stroke database. To the

1 extent possible, the department shall coordinate with national
2 voluntary health organizations involved in stroke quality
3 improvement to avoid duplication and redundancy.

4 *b.* Require comprehensive stroke centers and primary
5 stroke centers and encourage acute stroke-ready hospitals and
6 emergency medical services providers to report data consistent
7 with nationally recognized guidelines on the treatment of
8 individuals with confirmed stroke within the state.

9 2. All data reported under this section shall be made
10 available to the department and to any other agencies that
11 have responsibility for the management and administration of
12 emergency medical services throughout the state.

13 3. Beginning September 1, 2017, and by each September 1,
14 thereafter, the department shall provide a summary report of
15 the data collected under this section to the governor and the
16 general assembly summarizing the progress made in improving
17 quality of care and patient outcomes for individuals with
18 stroke. All data shall be reported in the aggregate form and
19 shall be posted on the department's internet site.

20	EXPLANATION
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21 The inclusion of this explanation does not constitute agreement with
22 the explanation's substance by the members of the general assembly.

23 This bill relates to stroke care quality improvement.
24 The bill provides for designation of hospitals in the state
25 as comprehensive stroke centers, primary stroke centers, or
26 acute stroke-ready hospitals. A hospital seeking a designation
27 shall apply to the department of public health (DPH) for
28 designation, and if the department determines the hospital
29 meets the applicable criteria for the requested designation,
30 the department shall certify the hospital accordingly. The
31 bill directs DPH to recognize, in lieu of the criteria
32 established by the department, accreditation by nationally
33 recognized organizations that provide accreditation, for
34 certification of a hospital as a comprehensive stroke center,
35 a primary stroke center, or an acute stroke-ready hospital,

1 as applicable, if the hospital is in good standing with and
2 maintains certification through such national organization.

3 The bill provides for suspension or revocation of a
4 hospital's certification as a comprehensive stroke center,
5 primary stroke center, or acute stroke-ready hospital, after
6 notice and hearing, if the department determines that the
7 hospital is not in compliance with the requirements of the bill
8 or the rules adopted under the bill.

9 The bill encourages comprehensive stroke centers and primary
10 stroke centers to coordinate efforts, through coordinated
11 stroke care agreements, with acute stroke-ready hospitals
12 throughout the state, to provide appropriate access to care
13 for acute stroke patients. The coordinating stroke care
14 agreement shall be in writing and shall include, at a minimum,
15 transfer agreements between acute stroke-ready hospitals
16 and comprehensive stroke centers or primary stroke centers
17 and communication criteria and protocols with the acute
18 stroke-ready hospital.

19 The bill requires that by January 15, annually, DPH shall
20 forward the current list of the designated comprehensive
21 stroke centers, primary stroke centers, and acute stroke-ready
22 hospitals, to the medical director of each licensed emergency
23 medical services provider in the state, maintain a copy of the
24 list, and post the list on the department's internet site.
25 The department shall specify by rule a nationally recognized
26 standardized sample stroke triage assessment tool, distribute
27 the tool to each licensed emergency medical services provider
28 and post the tool on the department's internet site. Each
29 licensed emergency medical services provider shall use the
30 sample tool or, alternatively, a stroke triage assessment tool
31 that is substantially similar to the sample tool as part of the
32 state stroke triage process.

33 The bill requires all licensed emergency medical services
34 providers in the state to establish prehospital care protocols
35 related to the assessment, treatment, and transport of stroke

1 patients.

2 All licensed emergency medical services providers are
3 also required to establish, as part of current training
4 requirements, protocols to assure that licensed emergency
5 medical services providers and 911 dispatch personnel receive
6 regular training on the assessment and treatment of stroke
7 patients.

8 The bill requires DPH to establish and implement a plan
9 for achieving continuous quality improvement in the care
10 provided under a statewide system for stroke response and
11 treatment. In implementing the plan, the department shall:
12 maintain a statewide stroke database that compiles information
13 and statistics on stroke care; and require comprehensive
14 stroke centers and primary stroke centers and encourage acute
15 stroke-ready hospitals and emergency medical services providers
16 to report data consistent with nationally recognized guidelines
17 on the treatment of individuals with confirmed stroke within
18 the state.

19 The bill requires that beginning September 1, 2017, and
20 by each September 1, thereafter, DPH shall provide a summary
21 report of the data collected to the governor and the general
22 assembly summarizing the progress made in improving quality of
23 care and patient outcomes for individuals with stroke. All
24 data shall be reported in the aggregate form and shall be
25 posted on the department's internet site.